

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF PUERTO RICO**

IN RE:
RAFAEL ANGEL CASIANO TORRES
Social Security: xxx-xx-1125

Address:
URB. CONDADO MODERNO
L35 CALLE 16
CAGUAS, PR 00725

DEBTOR

CASE NO.
22-03446-EAG/C.AR

CHAPTER 13

**INFORMATIVE MOTION
(AMENDED SCHEDULES)**

TO THE HONORABLE COURT:

COMES NOW DEBTOR, represented by Legal Partners, PSC., and through the undersigned attorney respectfully represents and prays as follows:

1. The Debtor informs of the amended schedules pursuant to Rule 1009, and the amendments are to schedules: **C, I, J** and the amendments are to **(C) ADJUST AVAILABLE EXEMPTIONS, (I,J) UPDATE BUDGET**. See attached schedules for details.
2. Amendments to schedule "C" only pertain to changes made to the exemptions previously taken, and not to exemptions that remain unchanged from the previously filed schedule "C".

NOTICE OF OPPORTUNITY TO OBJECT PURSUANT TO LBR 9013-1(h)

Pursuant to Local Bankruptcy Rule 3015-2, within **FOURTEEN (14)** days after service as evidenced by the certification, and an additional **THREE (3)** days pursuant to Fed. R. Bank. P. 9006(f) if you were served by mail, any party against whom this paper has been served, or any other party to the action who objects to the relief sought herein, shall serve

and file an objection or other appropriate response to this paper with the Clerk's office of the U.S. Bankruptcy Court for the District of Puerto Rico. If no objection or other response is filed within the time allowed herein, the paper will be deemed unopposed and may be granted unless: (i) the requested relief is forbidden by law; (ii) the requested relief is against public policy; or (iii) in the opinion of the Court, the interest of justice requires otherwise.

WHEREFORE the appearing party prays from this Honorable Court to take notice of the amended schedules.

I HEREBY CERTIFY that on this date, I electronically filed the foregoing with the Clerk of the Court using the CM/ECF system which will send notification, upon information and belief, of such filing to: Monsita Lecaroz Arribas, Esq., U.S. Trustee's Office, José R. Carrión Morales, Esq., in addition to any and all parties registered in this case to receive CM/ECF Notices. We will serve by regular mail this document to any the above-named persons, upon knowing that they are non CM/ECF participants.

RESPECTFULLY SUBMITTED.

In Carolina, Puerto Rico, May 26, 2023

LEGAL PARTNERS, P.S.C.
Urb. Crown Hills
138 Ave. Winston Churchill, PMB 316
San Juan, P.R. 00926-6013
Telephone: (787) 791-1818
Fax: (787) 791-4260

/s/Juan M. Suárez Cobo
JUAN M. SUÁREZ COBO
USDCPR 211010
suarezcobo@gmail.com
Attorney for Debtor

Case number 22-03446
(if known)

Declaration About an Individual Debtor's Schedules

Fill in this information to identify your case:

Debtor 1	RAFAEL ANGEL CASIANO TORRES		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF PUERTO RICO		
Case number (if known)	22-03446		

☒ Check if this is an amended filing

Official Form 106C**Schedule C: The Property You Claim as Exempt****4/22**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

☒ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own <small>Copy the value from <i>Schedule A/B</i></small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
URB INMACULADA III Line from <i>Schedule A/B</i> : 1.1	\$52,000.00	<input checked="" type="checkbox"/> \$13,837.13 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
1984 FORD BRONCO -JUNKED Line from <i>Schedule A/B</i> : 3.1	\$300.00	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(2)
PERSONAL PROPERTY FURNITURE, UTENCILS, SILVERWARE, APPLIANCES, PICTURES, HOUSE DECORATIONS AND ACCESSORIES, TOOLS, AND OTHER HOUSEHOLD GOODS Line from <i>Schedule A/B</i> : 6.1	\$1,000.00	<input checked="" type="checkbox"/> \$1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
PERSONAL PROPERTY AUDIO EQUIPMENT, ELECTRONICS, AND OTHER HOUSEHOLD GOODS Line from <i>Schedule A/B</i> : 7.1	\$300.00	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)

Debtor 1 **RAFAEL ANGEL CASIANO TORRES**Case number (if known) **22-03446**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
CLOTHING, SHOES AND OTHER PERSONAL WEARING APPAREL. Line from Schedule A/B: 11.1	\$400.00	<input checked="" type="checkbox"/> \$400.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
JEWELRY. Line from Schedule A/B: 12.1	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(4)
DOG ITALIAN GREYHOUND AND LAND TURTLE Line from Schedule A/B: 13.1	\$150.00	<input checked="" type="checkbox"/> \$150.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
BANK ACCOUNT AT AMERICAN EXPRESS Line from Schedule A/B: 17.2	\$900.00	<input checked="" type="checkbox"/> \$900.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
BANK ACCOUNT AT FIRST BANK Line from Schedule A/B: 17.3	\$0.37	<input checked="" type="checkbox"/> \$0.37 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
SHARES AND DEPOSITS AT PENFED Line from Schedule A/B: 17.5	\$170.06	<input checked="" type="checkbox"/> \$170.06 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
BANK ACCOUNT AT ORIENTAL BANK Line from Schedule A/B: 17.1	\$517.44	<input checked="" type="checkbox"/> \$517.44 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)

3. **Are you claiming a homestead exemption of more than \$189,050?**

(Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)

☒ No☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?☐ No☐ Yes

Fill in this information to identify your case:

Debtor 1 RAFAEL ANGEL CASIANO TORRESDebtor 2
(Spouse, if filing) _____United States Bankruptcy Court for the: DISTRICT OF PUERTO RICOCase number 22-03446
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

- ☒ Employed
- ☐ Not employed

Occupation

SOCIAL SECURITY RECIPIENT

Employer's name

SOCIAL SECURITY ADMINISTRATION

Employer's address

300 SPRING GARDEN STREET
Philadelphia, PA 19123

Debtor 2 or non-filing spouse

- ☐ Employed
- ☐ Not employed

How long employed there?

14 YEARS

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>0.00</u>	\$ <u>N/A</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>N/A</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>0.00</u>	\$ <u>N/A</u>

Debtor 1 **RAFAEL ANGEL CASIANO TORRES**Case number (if known) **22-03446**

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 0.00	\$ N/A
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 0.00	\$ N/A
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ N/A
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ N/A
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ N/A
5e. Insurance	5e. \$ 0.00	\$ N/A
5f. Domestic support obligations	5f. \$ 0.00	\$ N/A
5g. Union dues	5g. \$ 0.00	\$ N/A
5h. Other deductions. Specify:	5h.+ \$ 0.00	+ \$ N/A
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 0.00	\$ N/A
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 0.00	\$ N/A
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ N/A
8b. Interest and dividends	8b. \$ 0.00	\$ N/A
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ N/A
8d. Unemployment compensation	8d. \$ 0.00	\$ N/A
8e. Social Security	8e. \$ 1,624.00	\$ N/A
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ N/A
8g. Pension or retirement income	8g. \$ 1,144.00	\$ N/A
8h. Other monthly income. Specify: NET - HOGAR PADRE VERNARD, INC. PENSION INCOME FSE GOMERA CATALINA	8h.+ \$ 974.25 \$ 415.51 \$ 324.17	+ \$ N/A \$ N/A \$ N/A
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 4,481.93	\$ N/A
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 4,481.93 + \$ N/A	= \$ 4,481.93
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:	11. +\$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ 4,481.93	Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form? <input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Explain:	DEBTOR RECEIVES SOCIAL SECURITY BENEFITS, WHICH ARE NOT CONSIDERED INCOME FOR BANKRUPTCY PURPOSES. BY INCLUDING AND/OR DISCLOSING THE SOCIAL SECURITY INCOME IN THIS SCHEDULE, IN NO WAY IS A WAIVER OF ANY RIGHT NOT TO CONSIDER THEM INCOME, NOR IT SHOULD BE CONSIDERED THAT HE IS PLEDGING THEM TO PAY FOR DEBTS.	

Fill in this information to identify your case:

Debtor 1 RAFAEL ANGEL CASIANO TORRES

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO

Case number 22-03446
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☒ No. Go to line 2.☐ Yes. Does Debtor 2 live in a separate household?☐ No☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household* of Debtor 2.2. Do you have dependents? ☒ No

Do not list Debtor 1 and Debtor 2.

☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents names.

- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 973.84

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 125.00

4d. Homeowner's association or condominium dues

4d. \$ 180.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 RAFAEL ANGEL CASIANO TORRESCase number (if known) 22-03446**6. Utilities:**

6a. Electricity, heat, natural gas	6a. \$	153.29
6b. Water, sewer, garbage collection	6b. \$	64.50
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	0.00
6d. Other. Specify: <u>CELL PHONE</u>	6d. \$	70.00
<u>GARDENER</u>	\$	100.00

7. Food and housekeeping supplies

7. \$ 431.00

8. Childcare and children's education costs

8. \$ 0.00

9. Clothing, laundry, and dry cleaning

9. \$ 65.00

10. Personal care products and services

10. \$ 40.00

11. Medical and dental expenses

11. \$ 180.00

12. Transportation. Include gas, maintenance, bus or train fare.

12. \$ 100.00

Do not include car payments.

13. Entertainment, clubs, recreation, newspapers, magazines, and books

13. \$ 121.30

14. Charitable contributions and religious donations

14. \$ 50.00

15. Insurance.

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance 15a. \$ 0.00

15b. Health insurance 15b. \$ 0.00

15c. Vehicle insurance 15c. \$ 0.00

15d. Other insurance. Specify: 15d. \$ 0.00

16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.Specify: CAR LICENSE PRORRATED 16. \$ 18.00Specify: SOCIAL SECURITY ALLOWANCE \$ 150.00Specify: INCOME TAX ALLOWANCE \$ 150.00**17. Installment or lease payments:**

17a. Car payments for Vehicle 1 17a. \$ 0.00

17b. Car payments for Vehicle 2 17b. \$ 0.00

17c. Other. Specify: CAR MAINTENANCE 17c. \$ 100.00

17d. Other. Specify: 17d. \$ 0.00

18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).

18. \$ 0.00

19. Other payments you make to support others who do not live with you.

\$ 0.00

Specify: 19.

20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

20a. Mortgages on other property 20a. \$ 0.00

20b. Real estate taxes 20b. \$ 0.00

20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00

20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00

20e. Homeowner's association or condominium dues 20e. \$ 0.00

21. Other: Specify: DETERGEANTS AND HOUSEKEEPING SUPPLIES

21. +\$ 60.00

MISCELLANEOUS AND UNEXPECTED EXPENSES +\$ 108.00PET RELATED EXPENSES +\$ 30.00MORTGAGE URB. SIERRA BAYAMON +\$ 512.00**22. Calculate your monthly expenses**

22a. Add lines 4 through 21.

\$ 3,781.93

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

\$

22c. Add line 22a and 22b. The result is your monthly expenses.

\$ 3,781.93

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$ 4,481.93

23b. Copy your monthly expenses from line 22c above.

23b. -\$ 3,781.93

23c. Subtract your monthly expenses from your monthly income.
The result is your *monthly net income*.

23c. \$ 700.00

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.☒ Yes.

Explain here: DEBTOR USE HIS SOCIAL SECURITY BENEFITS, WHICH ARE NOT INCOME FOR BANKRUPTCY PURPOSES, TO PAY FOR EXPENSES OVER AND BEYOND THE IRS STANDARDS, AND/OR THOSE THAT COULD BE CONSIDERED EXCESSIVE, UNREASONABLE AND/OR UNNECESSARY.

Debtor 1 RAFAEL ANGEL CASIANO TORRES

Case number (if known) 22-03446